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NO. 766 P. 5

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PTO/SB/22 (10-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (fees effective on or after October 1, 2004)		Docket Number (Optional) 546322000303
Application Number 10/646,070		Filed August 22, 2003
For CONTROL OF GENE EXPRESSION		
Art Unit 1636		Examiner D. M. Sullivan
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.		
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	Fee	Small Entity Fee
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120.00	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450.00	\$ 225.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1,020.00	\$ 510.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,590.00	\$ 795.00
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,160.00	\$ 1,080.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal Number _____ form (PTO/SB/17) is attached to this submission in duplicate.		
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,851</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		
<u>Michael R. Ward</u> Signature		Date <u>December 15, 2004</u>
Michael R. Ward Typed or printed name		Telephone Number <u>(415) 268-6237</u>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

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